,	1	7	\ \{\}	<i>'</i>
	1	رن	)	)
, E	90	10	-	EZ

**Short Form** 

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-1150

2949202610814

20**17** 

Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Go to www.irs.gov/Form990EZ for instructions and the latest information; \\

Inspection Department of the Treasury Internal Revenue Service For the 2017 calendar year, or tax year beginning October 1 2017, and ending December 31 , 20 C Name of organization D Employer identification number B Check if applicable. Address change **KENYA PARTNERS** 27-1358718 Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 690 Quaker Lane 336-210-3765 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return High Point, NC 27262 Number > Application pending Other (specify) H Check ▶ ☐ If the organization is not G Accounting Method-√ Cash ☐ Accrual I Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 

√ 501(c)(3) 

□ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or □ Trust ☐ Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . . Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received . . . . 120,220 2 2 Program service revenue including government fees and contracts 3 3 4 Investment income . . . . 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 7a Gross sales of inventory, less returns and allowances . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 Other revenue (describe in Schedule O) . . . . . . 8 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 120,220 10 Grants and similar amounts paid (list in Schedule O) 78,580 11 11 Benefits paid to or for members . . . . . . . . 12 12 Salaries, other compensation, and employee benefits . Expenses 13 13 Professional fees and other payments to independent contract 14 14 Occupancy, rent, utilities, and maintenance . . . . 15 15 Printing, publications, postage, and shipping . . . 16 4,458 16 Other expenses (describe in Schedule O) . . 17 17 Total expenses. Add lines 10 through 16. 83,038 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 37,182 Net Assets 19 Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end-of-year figure reported on prior year's return) 19 13,921 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 51,104

For Paperwork Reduction Act Notice, see the separate instructions.

Cat, No. 10642I

Form 990-EZ (2017)



Farm 990-EZ*(2017)					Page 2
Part II Balance Sheets (see the instructions	for Part II)		<del></del>		<del></del>
Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		[	13,921	22	51,104
23 Land and buildings		[		23	
24 Other assets (describe in Schedule O)		[		24	
25 Total assets		[	13,921		51,104
<b>26 Total liabilities</b> (describe in Schedule O)		[		26	
27 Net assets or fund balances (line 27 of column			13,921	27	51,104
Part III Statement of Program Service Accom				İ	<b>F</b>
Check if the organization used Schedule				(Rec	Expenses jurred for section
What is the organization's primary exempt purpose?	School, clinic and fe	eding for vulnerable	children in Kenya		c)(3) and 501(c)(4)
Describe the organization's program service accompli as measured by expenses. In a clear and concise m persons benefited, and other relevant information for ea	nanner, describe the			orga	nizations, optional for rs.)
28 Building and supporting a boarding school for orpha	ns and vulnerable ch	ildren, pre-school te	aching and feedin		
programs at 2 locations, clinic in rural area, supporti	ng women's empowe	rment and sending t	eams of volunteer	1	
to Kenya to support above.				1	
(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	28a	78,580
29				Ì	Ì
				ľ	
				l	ł
<del></del>	includes foreign gra	ints, check here .	<u>···▶□</u>	29a	· <del> </del>
30				ł	}
				}	
(O )				00-	
	includes foreign gra			30a	<del> </del>
- , p g ,	inalida farina ara			24-	
32 Total program service expenses (add lines 28a	includes foreign gra			31a	<del> </del>
Part IV List of Officers, Directors, Trustees, and Key					78,580
Check if the organization used Schedule			•	i iSti ut	
Offeck if the organization used ochedule	T	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and		Estimated amount of other compensation
Caula Facto	<del> </del> -	<del>  `                                   </del>	<del> </del>	+-	
Gayle Foote Director	-  1	}	,		
Lynne Renne	<del></del>	<u> </u>	<del>' </del>		
Director	1	}	<b>,</b> }		
Jamie White	<del>                                     </del>		<del> </del>	+	
Director	1 1	}	)		
Tom Mason			1	_	
Director	1	1	<b>1</b>	- [	
Pat Farley					
Director	1	Ì	ol		
Jerilyn Estes					
Director	1 1	l	)	1	
Paul Harreli					
Director	11		0	$\perp$	
Rick Lewis					
Director	1	<u> </u>	<u> </u>		
Teresa Ehrhardt	]			Ţ	
Director	11		ol		
Dianne Hamrick					
Chair of Board of Directors	10				

1

Donna Hawks

Secretary



Part				-
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
25-	change on Schedule O (see instructions)	34		<b>✓</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>✓</b>
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ [37a]	The second of		
b	Did the organization file Form 1120-POL for this year?	37b	U err at est	Spar , spain
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	200		
_	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a	Esperie	12-1868-15-15
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	3.415-6.0	<b>√</b>
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	188	1	
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization	100		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<b>25.7</b>	<b>✓</b>
41	List the states with which a copy of this return is filed ► None			
42a	9	336-21	~	5
<b>h</b>	Located at ▶ 95132 Amalfi, Amelia Island, FL ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	320	Yes	No
Ь	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	1/
	If "Yes," enter the name of the foreign country: ▶	縣離		WAR THE
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).		4	
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	多数	1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Ļ
•
-
-
-
-
-

Form 99	90-EZ (2	017)							F	age 4
46		he organization engage, directly or in ndidates for public office? If "Yes," co							Yes	
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	only s must answer que	estions 47-49b an	d 52, and	complete the		<b>46</b> es fo	or lin	es
		Check if the organization used Sch	edule O to respond	- To any question if	i inis Pari V	<u>''                                   </u>	· · ·	<u></u>	Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II									1
48		e organization a school as described in		•				48		✓
49a b		he organization make any transfers to es," was the related organization a se					- t	49a 49b		<b>✓</b>
50	Com	plete this table for the organization's oyees) who each received more than	five highest compen	sated employees (d	ther than of	ficers, directo	ors, tru	stee		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution	of the benefits, and to employee and deferred pensation	(e) Esti		d amoi pensa	
None							_		_	
				<del></del>	<del>-  </del>	<del></del>				
				L			<del></del>	_		
51	Com	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	s five highest comp	ensated independe		ors who each	rece	ved	more	tha
		Name and business address of each independent	<del></del>	(b) Type of s	ervice	(c)	Compe	nsatio	on	
None				-			·			
										-
							-		_	
				-						
		number of other independent contra	=		. •		0			
52		the organization complete Schedu pleted Schedule A	le A? Note: All se	ection 501(c)(3) or	ganizations		ı a .▶ 🗸	Yes		No
Under i	penalties prect, ar	s of penury, I declare that I have examined this red complete. Declaration of preparer other than	etum, including accompar officer) is based on all info	nying schedules and state ormation of which prepar	ements, and to er has any kno	the best of my kn wledge	owledg	e and	belief	, it is
Sign		Signature of officer	inuck			10-23	?_/	18		
Here	,	Dianne Hamrick, Chair of Board of	Directors							
		Type or print name and title	Propagato signatura		Date		- T	TIN		
Paid Prep	l parer	Print/Type preparer's name	Preparer's signature			Check Self-emplo	ıf			

Firm's name

Firm's address 

May the IRS discuss this return with the preparer shown above? See instructions

**Use Only** 

▶ ☐ Yes ☐ No

Firm's EIN ▶

Phone no

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Kenya Partners

Department of the Treasury Internal Revenue Service

Employer identification number

	a Faillieis						367 16	
Pai							ns.	
he o	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section						09	
3	A hospital or a cooperative hos						•	
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital descr	ibed in <b>s</b>	ection 170(b)(1)(A)(	iii). Enter the	
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned or	operate	d by a government	al unit described in	
6	A federal, state, or local govern	ment or governi	mental unit described	ın sectio	n 170(b)	(1)(A)(v).		
7	An organization that normally described in section 170(b)(1)			port from	a goverr	nmental unit or from	the general public	
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete f	•				
9	An agricultural research organi or university or a non-land-grai university:	nt college of agri	iculture (see instruction	ns). Ente	the nam	ne, city, and state of	the college or	
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt fur ∶income and unr	nctions—subject to ce related business taxat	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its	
11	An organization organized and	operated exclus	sively to test for public	safety. S	See <b>sect</b> i	on 509(a)(4).		
12	☐ An organization organized and							
	of one or more publicly suppo	•		• •	• •			
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganızatio	on and complete line	s 12e, 12f, and 12g.	
а								
	the supported organization				ority of t	he directors or trust	ees of the	
	supporting organization. Ye	-	•					
b	<ul> <li>Type II. A supporting organ control or management of organization(s). You must</li> </ul>	the supporting o	rganization vested in	the same				
	• • • • • • • • • • • • • • • • • • • •	•	=		nnontior	with and functions	ally intograted with	
C	Type III functionally integ its supported organization(						any integrated with,	
d	Type III non-functionally i	<b>ntegrated.</b> ∧ su	pporting organization	operated	in conne	ection with its suppo	orted organization(s)	
	that is not functionally integ							
	requirement (see instruction							
е	Check this box if the organ functionally integrated, or 1	ization received	a written determination	on from th	e IRS tha	at it is a Type I, Type	e il, Type III	
f	Enter the number of supported of						[	
g			orted organization(s).				<u> </u>	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
	'			Yes	No			
	<del></del>							
(A)								
B)								
(C)						<del></del>		
(D)								
E)	<del></del>							
-		l	İ	l .		1	1	

Total

Part							
	(Complete only if you checked the Part III. If the organization fails to						ality under
Section	on A. Public Support	duality unde	i the tests is	sted below, p	lease comple	/ /	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(é)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				/	<b>'</b>	
	include any "unusual grants.")	376,407	163,629	246,123	206,1,40	120,220	1,112,519
2	Tax revenues levied for the	)					
	organization's benefit and either paid			,			
	to or expended on its behalf				<b>-</b> /		
3	The value of services or facilities furnished by a governmental unit to the	}		}	/	{	
	organization without charge			}			
4	Total. Add lines 1 through 3	376,407	163,629	246,123	206,140	120,220	1,112,519
5	The portion of total contributions by			3 1 2 / 5			
J	each person (other than a						
	governmental unit or publicly			14.			
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)			1.			
6	Public support. Subtract line 5 from line 4		Marini Talan	A Part Part 1			
	on B. Total Support	474、设计器的工作。	SERTABLE BARRETS		<b>一种产品的股份的</b>	STATE OF THE PROPERTY OF THE PARTY OF THE PA	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	376,407	163,629	246,123	206,140	120,220	1,112,519
8	Gross income from interest, dividends,						
	payments received on securities loans,			[	{		
	rents, royalties, and income from similar sources	1	/	i		1	
^	Net income from unrelated business	ļ					
. 9	activities, whether or not the business		/	:			
	is regularly carried on		/	1			
10	Other income. Do not include gain or						•
	loss from the sale of capital assets		/		Ì	ì	
	(Explain in Part VI.)	THE REST OF SHEET STATES	domination and the	CONTRACT OF STATE OF	744	articles are order as an except probability	
11	Total support. Add lines 7 through 10			A CONTRACTOR	Description of the second		1,112,519
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the				or fifth tay w	12	p 501(c)(3)
13	organization, check this box and stop he						▶ 🗀
Secti	on C. Computation of Public Suppo					<del></del>	
14	Public support percentage for 2017 (line			11, column (f))		14	100 %
15	Public support percentage from 2016 Sc	hedule A,/Part	II, line 14 .			15	100 %
16a	331/3% support test-2017. If the organ						
	box and stop here. The organization qua						
b	331/3% support test—2016. If the organ this box and stop here. The organization	ization and not	check a box o	on line 13 or 16	ia, and line 15	is 331/3% or m	ore, cneck
	·	. #	•	· ·			• —
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m						
	Part VI how the organization meets the						
	organization	. /		_			▶ 🗅
ь	10%-facts-and-circumstances test – 2	016. If the ora	anization did r	not check a bo	ox on line 13,	16a, 16b, or 17	a, and line
_	15 is 10% or more, and if the organization	ation meets th	e "facts-and-	cırcumstances	" test, check	this box and	stop here.
	Explain in Part VI how the organization	neets the "fac	ts-and-circum	stances" test.	The organizat	ion qualifies as	a publicly
	supported organization						_
18	Private foundation. If the organization d						
	instructions	<u> ` </u>	<u> </u>	<del>: : : : :</del>			
	1.				Sc	hedule A (Form 99	D or 990-EZ) 2017

Part		ations Descr	ibed in Secti	on 509(a)(2)				_
	(Complete only if you checked the organization fails to qualify	ne box on line	: 10 of Part I	or if the orga	nization failed	d to qualify u	nder Part II.	
Secti	on A. Public Support	under the te	sis listed bei	ow, please co	implete Part	(1.)		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	-
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		163,629		206,140		1,112,	 
2	Gross receipts from admissions, merchandise	3.77	700			707,000	12/07	
	sold or services performed, or facilities furnished in any activity that is related to the							
3	organization's tax-exempt purpose Gross receipts from activities that are not an	<del></del>			ļ		<del> </del>	
•	unrelated trade or business under section 513	<u> </u>	ı		l I	ł		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							<b></b>
5	The value of services or facilities furnished by a governmental unit to the organization without charge							<del></del>
6	Total. Add lines 1 through 5	374,407	163. 429	276,123	206,140	136,226	1, 112, 5	79
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						1	
b	Amounts included on lines 2 and 3	}					1	
	received from other than disqualified persons that exceed the greater of \$5,000			i			11	
	or 1% of the amount on line 13 for the year	!					11	
C	Add lines 7a and 7b		<u> </u>					_
8	Public support. (Subtract line 7c from	} i		·				
Secti	ine 6.)	<u>', -                                   </u>	L	<u></u>	<u></u>	<u> </u>	<u></u>	_
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6	374407	163629	7116,123	266.140			79
10a	Gross income from interest, dividends,				}			
	payments received on securities loans, rents, royalties, and income from similar sources.	ļ			į			
h	Unrelated business taxable income (less			<del> </del>	<u> </u>	<del> </del>	<del> </del>	
J	section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					{		
12	Other income. Do not include gain or	<u> </u>				<del> </del>	1	
	loss from the sale of capital assets (Explain in Part VI.)							_
13	Total support. (Add lines 9, 10c, 11, and 12.)	376,457	163,629	241,123	206,140	128,236	1,112,	ورو
14	First five years. If the Form 990 is for to organization, check this box and stop he	ere	<u> </u>		n, or fifth tax y		on 501(c)(3) ►	
	ion C. Computation of Public Suppo					1.5		<del></del>
15	Public support percentage for 2017 (line					15		<u>%</u> %
16 Sort	Public support percentage from 2016 Sci ion D. Computation of Investment Ir			<del></del>	<u> </u>	1 10 1	100	70
17	Investment income percentage for 2017	(line 10c, colur	nn (f) divided t	y line 13, colu	mn (f))	17		%
18	Investment income percentage from 201	6 Schedule A.	Part III, line 17	' .   .   .   .		18		%
19a	331/2% support tests-2017. If the organ	nization did not	check the bo	x on line 14, a	ind line 15 is n	nore than 331/	3%, and line	رب
	17 is not more than 331/a%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	oorted organiza		
b	331a% support tests—2016. If the organi line 18 is not more than 331a%, check this	zation did not on box and stop i	neck a box on tere. The organ	une 14 or une nization qualifie	s as a publicly s	o is more than supported orga	anization	
20_	Private foundation. If the organization of				check this box	and see instr	ructions 🕨	
					Se	hedule A (Form s	390 or 990-EZ) <i>2</i>	<b>1017</b>

## Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of stati under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) as satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)( purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretidespite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization usi to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)( purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alrea designated in the organization's organizing document? .
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribution (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity w regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whi the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal beneath from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of secti 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrat supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
ng			要43
by			
-,	#∂ ∰.	295.657	10.85.22.23
	Section 2	e.s. 965, 721	-10th 265
us			
ed	410	2000年	7
	2	224 - 24 JAP	MANAGE AND SERVICE
		78.05 C	1045555475-5
er	證話	4000	
	3a		
nd	概觀		
he	<b>西</b> 第		
116		北海	13-775
	3b		
(B)		表式	
	3c	or detroy and	TOWNS 152
16		~~ *************************	205-78-8-4
If	-	1	時期間
	4a		
gn	militar	多数	
_	1		
on	包包裹		
	4b		l
on			<b>建</b> 第三
	医亚		
ed			
(B)	10.2	3	
	40		
_ 10	50 7 30	5-42-5-550	2503558B
s, "		5	
IN		200	1
on;			数码
on	整理		
0,,	22		
	Ja	[ .	ſ
dy	黑物	<b>经</b> 企	鐵湖
,	5b	Carrey.	3229(727)
	5c		<del> </del>
to	<b>1997</b>	門建	
ed	1997	<b>建</b>	
or	<b>建</b>		
O.	2000		IN THE
	6		
tor	3 8	建學	
ìth		1995	
	JE275	TEXA.	ALEXA:
	7		
77			
	8	SAL VINC J.	75-C41-309/
		IANT PRICE	Section 1
ore	<b>**</b>		
ed	1		
	9a		
oh	FEZE	<b>建设</b> 35	35.6 Si
ch		200	純額
	9b		
efit	18		認識
		300 C 15 15 15 15 15 15 15 15 15 15 15 15 15	Fire Stolk
	9c	-منجر دن	\$3/7 F2 -
on			
ed			
		148 <b>43</b> 44	111.09 X J
	10a	12000	Crare of
to			220
	10b		
-om	990 or	990-E	Z) 2017

Part	V Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	
h	A family member of a person described in (a) above?	11a
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c
	on B. Type I Supporting Organizations	1110
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
•		1 
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
	·	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<b>一种国际</b>
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	
Casti	on D. All Type III Supporting Organizations	1111
Secu	on D. All Type in Supporting Organizations	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	
_	- · · · · · · · · · · · · · · · · · · ·	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	
	supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	<del>1</del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.	,
·Ь	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	500 2000
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	江國 医基 建红
	trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>jan</u> i	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	· · · · · · · · · · · · · · · · · · ·	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			_
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	꽳		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	變		
factors (explain in detail in Part VI):			<b>医一种的现代</b>
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<u></u>	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	}		
see instructions).	4		·
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1:	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	2000年1月1日	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	<b>设施的工作。</b>	· · · · · · · · · · · · · · · · · · ·
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	g organization (see

Part		) Supporting Organi	zations (continued)	<del></del>	
Secti	on D - Distributions			Current Year	
1_	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity			<del></del>	
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
4_	Amounts paid to acquire exempt-use assets			•	
5_	Qualified set-aside amounts (prior IRS approval required)				
6_	Other distributions (describe in Part VI). See instructions.		<del></del>		
	Total annual distributions. Add lines 1 through 6.			<del></del>	
. 8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6			<del></del>	
10	Line 8 amount divided by line 9 amount	<del></del>	(6)	rin .	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2017				
a			Jest to team in	THE REPORT OF	
b	From 2013				
С	From 2014	門為正公司的為大學	<b>用品的更多的基础</b>	<b>经产业的</b> 的国际	
d_	From 2015	的现在分词 化二甲基甲基			
е	From 2016				
f	Total of lines 3a through e	market bir interest. Su will are in a longer to her a			
<u>g</u>	Applied to underdistributions of prior years		THE RESIDENCE SHAPE SEE TO SEE THE SECOND SECTION AS A SECOND SEC		
<u>h</u>	Applied to 2017 distributable amount			VI COSE STEWNER I MANS WITH SHEETER BOOK STOWNERS	
<u>i_</u>	Carryover from 2012 not applied (see instructions)	The State of		TO THE RESIDENCE TO STATE OF THE PARTY OF TH	
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	nan make a senderak arab. Pendinan sala			
4	Distributions for 2017 from				
	Section D, line 7:	ATTENDED TO THE TOTAL OF THE PARTY OF THE PA			
<u>a</u> _	Applied to underdistributions of prior years	Part Control of the C	THE WASHINGTON THE SECOND		
<u>b</u>	Applied to 2017 distributable amount				
_ <u>_</u> _	Remainder. Subtract lines 4a and 4b from 4.		<b>《学习》的第三人称单数的发展的意思。</b>		
5	Remaining underdistributions for years prior to 2017, if				
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j	term to a proposition of the pro			
•	and 4c.				
. 8	Breakdown of line 7:			STATE OF THE STATE	
a	Excess from 2013				
b	Excess from 2014	AND TO THE LOCAL		THE RESERVE OF THE PERSON OF T	
c	Excess from 2015				
d	Excess from 2016				
e	Excess from 2017	THE REPORT OF THE PARTY OF THE	<b>发展的主义和</b>		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
**********	
	·